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43520 7590 06/08/2010

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John H. Nortrup	(Depositor's name)
/John Nortrup/	(Signature)
August 10, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/517,280	06/24/2005	John V. Frangioni	BIDM-0006-P01	5705

TITLE OF INVENTION: DEVICE FOR WAVELENGTH-SELECTIVE IMAGING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	09/08/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
EVOY, NICHOLAS LANE		3768	600-431000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Strategic Patents, P.C.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Beth Israel Deaconess Medical Center

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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Authorized Signature /John Nortrup/

Date August 10, 2010

Typed or printed name John H. Nortrup

Registration No. 59,063

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